

Case Number:	CM14-0159868		
Date Assigned:	10/03/2014	Date of Injury:	01/03/2004
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 75-year-old male who reported an injury on 01/03/2004. He reportedly lost consciousness while lifting up a roller and pushing it inside of a trailer. He did not remember what happened. On 08/15/2014, the injured worker presented with low back pain. Examination of the lumbar spine noted tenderness from the thoracic lumbar spine to the base of the pelvis. There was tightness noted in the paralumbar musculature bilaterally with tenderness in the buttocks. There was no gross motor weakness or instability noted, and there was intact sensation to pinprick in the bilateral lower extremities. The diagnoses were cervical discopathy C5-6 and C6-7, significant lumbar discopathy, internal medicine issues, and psychiatric issues. A current medication list was not provided. The provider recommended Gabapentin 600 mg with a quantity of 120. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 600 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Gabapentin 600 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines state that Gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documented side effects that occurred with use. The continued use of AEDs depends on improved outcomes versus tolerability and adverse effects. The efficacy of the prior use of the medication was not provided. The provider's rationale was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.